

CLAIMS ONLY

Application Number

Filing Date

Application(s)

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19	1	/				
20		/				
21		/				
22		/				
23		/				
24		/				
25		/				
26	1	/				
27		/				
28		/				
29		/				
30		/				
31		/				
32		/				
33		/				
34		/				
35		/				
36		/				
37		/				
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41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
Total Indep	2					
Total Depend	16					
Total Claims	18					

May be used for additional claims or amendments

	Indep	Depend	Indep	Depend	Indep	Depend
51						
52						
53						
54						
55						
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57						
58						
59						
60						
61						
62						
63						
64						
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94						
95						
96						
97						
98						
99						
100						
Total Indep						
Total Depend						
Total Claims						